



How to be Helpful: Difficult Childhood Experiences



Some of us may have conscious or unconscious hesitations in asking about or hearing about a client's difficult childhood experiences. We may believe that discussing this might make clients worse. We might think that if they cry when they disclose this, it causes more pain. We may believe that talking about past difficult experiences isn't helpful, that it keeps people in the past instead of helping them "move on." We might feel it is too difficult to hear and we might feel too much pain when the client sharesespecially if we have experienced childhood difficulties ourselves.

It is essential to reflect on these beliefs—if we don't, we will likely unconsciously convey that we do not want to hear this part of clients' lives. This can reinforce feelings of shame clients might already have about their past, solidify the secrecy surrounding these experiences, or reinforce clients' belief that others don't care to truly know them.

We can bolster our confidence in this important area of helping through learning and practice; we can remind ourselves:

- If someone discloses difficult childhood experiences, it is because they wanted to. If they didn't want to, they would not have.
- If someone discloses difficult childhood experiences to us, it indicates that we have demonstrated sufficient empathy and trustworthiness.
- Disclosing difficult childhood experiences to another person and receiving deep listening, kindness, and acceptance can be profoundly healing.
- It does not harm people to share about their past with someone who can listen compassionately. (It IS harmful to people if they share with someone who judges, ignores, disbelieves, minimizes, or shames them)
- Most clients (most of us, as well) who have experienced profound adversity as children have survived, repaired, and healed- often without professional help.



HELPFUL STRATEGIES:

- Imagine there is nothing you can do to fix this problem. As a thought exercise, this can be very powerful; it can make us better listeners, more curious and create more space for the client to share. This stance is sometimes referred to as a 'loving witness.'
- **Respond to or clues about difficult childhood experiences.** Clients often give us hints that they have experienced difficulties in the past. If we do not pick this up and ask directly, it can replicate an unhealthy family system that ignores minimizes the event(s). It is essential to notice cues or clues about this. For example, clients might say:

"I just have trust issues," or "I don't trust anyone." "I don't know why this is bothering me so much" (when referring to a current situation)

"I'm not close with my mom/dad/childhood caretaker." "I'm SUPER protective of my daughter/son."

We can respond with a simple and powerful empathic reflection and openended question:

> "You don't trust anyone...thank you for sharing that with me. Tell me more about that...."

> "You are super protective of your daughter.....l wonder if you might want to share more about this..."

Appreciate: "Thank you for sharing this with me" is respectful and kind and acknowledges that clients do not have to tell us anything- it is their choice to share this.

• **Listen:** Deep listening is healing; it communicates empathy more than any verbal strategy. Deep listening is only possible when we are fully present and feel unconditional positive regard for the other person. Deep listening is, unfortunately, rare; most people have had limited experiences with this.



• Affirm Autonomy: Build in phrases to let clients know it is their decision what they share.

"tell me more, if you'd like..."

This gives the most autonomy and space to the client to share what they feel is essential.

• **Empathic Reflection:** Reflecting a summary of what the client shared with you is powerful.

"it sounds like things were pretty tough when you were a kid, that your mom had severe mental health struggles, you never felt safe.....'

 Normalize not telling an adult when they were young, and affirm their decision-making on this as children. Most children who are abused (especially sexually) do not disclose this to another adult. This may be because they were threatened by the person causing harm, they were shamed and blamed themselves, or because they accurately assessed that their caretaker or another parent would not believe them or could not effectively help them.

> "Most kids don't tell anyone. It sounds like you accurately assessed you wouldn't be believed or be helped if you did. You made the best decision you could at the time".



• Ask about meaning and healing (stay in the present). Asking what meaning they make of it and how they think about healing now helps us understand how they relate to these events from childhood. Asking questions about the present is safer and more helpful than questions about the past. These examples demonstrate how to gently move the conversation to the present:

"I wonder how you feel this has impacted your life as an adult?"

"How have you managed to survive (or thrive) thus far, given the challenges you have had to contend with?"

"Tell me how this has affected you in your adult life...."

"Tell me about your healing process so far...."

"What do you feel you need at this stage of the healing process?"

"What special qualities about yourself you've relied on?"

"Who are the people in your life who are part of your healing?"



Another strategy to help gently bring clients to the present, is to do a 'process check':

"How do you feel talking about this right now?"

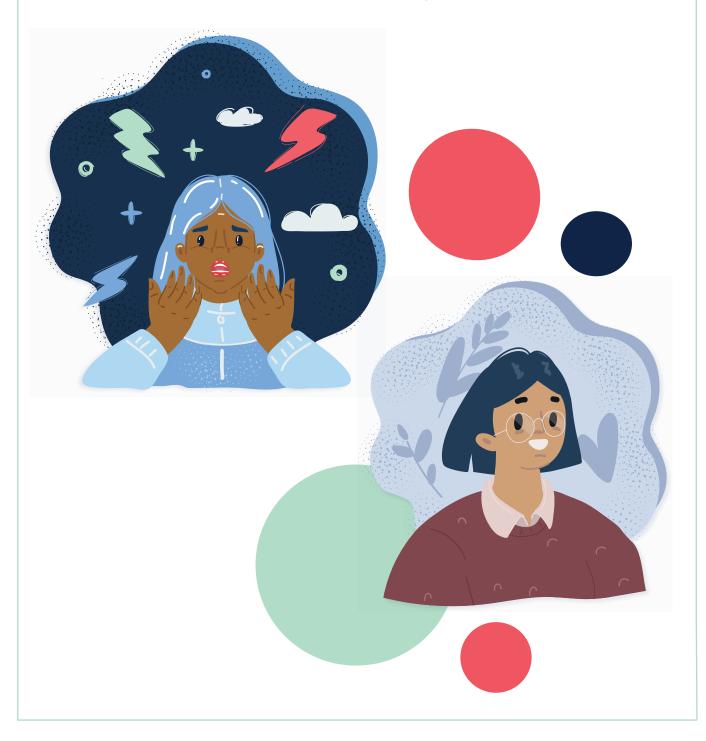
"How is it for you, sharing this with me today?"

 Reflect strengths: When we look for strengths, we will see them. Share with clients what you see.

"I can hear how important it is to you to be a different kind of father than you had," "It sounds like you've done much healing on your own."



 Manage Our Distress Empathy. If clients see their disclosures have distressed us, it isn't helpful to them. They will likely curtail their sharing to avoid distressing us more. They may feel they need to care for our feelings or that they've overwhelmed us. Moreover, this might replicate dynamics in their family as children- that adults became too distressed by their feelings and experiences to listen, understand, and comfort. Managing our distress empathy is complex; for more, see the LCA's 'Distress Empathy vs. Cognitive Empathy' learning.



AVOID:

- Asking for details about the abuse or other difficulties. It is not healing or helpful for most people to discuss details, such as who, how, frequency, age, who knew, etc. At worst, re-telling in detail can retraumatize; at best, it is often unpleasant and unhelpful. Remember, it is not about the event(s); it is about the client's experience of the events. We aren't reporters or investigators, and we don't need details.
- 2. Asking questions about whom the client told when they were children. Many, perhaps most, children who were abused, especially sexually abused, do not tell another adult. Many blame themselves for this, and some have been blamed by others (it is not uncommon for a caregiver's first reaction to a child's adult disclosure about the abuse to be "Why didn't you tell me?"). By asking whom they told, or if they told, when they were a child, it gives the impression that they should have done this.
- **3. Suggest forgiveness:** Telling people they need to forgive those who caused them harm is not helpful; it is judgmental advice. Furthermore, forgiveness is not necessary for healing.
- 4. Minimize the challenging experience: Avoid 'explaining' why the person who harmed did so: "yea, back then whipping your kids with a belt was normal' or "I'm sure she loved you; I'm sure she just had her own trauma."
- 5. Assuming the client wants or needs a higher level of care: if our first response to a disclosure is to tell the client they should see a therapist, it will likely feel like a rejection; as if we are pushing them away, toward someone else.
- 6. Thinking the client needs fixing: once we believe it is our job or responsibility to say or do something to 'fix' a client, we are no longer in deep listening. Thinking we must fix another person makes us less skillful, less effective, and often less able to see clients' strengths and trust their wisdom.



